

Transition to SPR: PGY2 Transition Float

Transition float (TFLT) will consist of 5 shifts, Tuesday to Monday (excluding Saturday and Sunday) from 16:30 to 24:00. On Monday, this shift will end at 22:00 to accommodate the fact that the resident may have early morning clinical duties. This float will be scheduled after the resident's fourth JPR float and before their first SPR float. For the week of TFLT, the resident will have no other clinical duties. The goal of this float is to establish a more structured process for the transition to senior resident, with the ability to identify and provide support and coaching for residents during their transition. There will still be an SPR in house during the TFLT shift. The role of the SPR will be to support the TFLT resident, directly observe and provide feedback in regards to assigning/reviewing/managing consults and managing a team.

Based on the objectives below, the SPR (with input from the supervising staff) will evaluate the TFLT resident on their readiness to function independently as a senior resident. This will be used to identify residents that may benefit from extra support to help optimize their success in the role of SPR.

Objectives for PGY2 Transition Float:

- 1) Demonstrate the ability to review a consult with a junior learner (clerk or off service resident) and support them in developing a differential diagnosis and management plan.
- 2) Demonstrate the ability to review a consult that was completed by a junior learner directly with staff.
- 3) Demonstrate the ability to gather relevant details from the consulting physician and perform an initial assessment in order to determine patient's illness severity.
- 4) Demonstrate the ability to appropriately assign patients to learners based on patient and learner factors and provide appropriate level of information to learner in order to perform the consult and provide learning opportunity
- 5) Demonstrate the ability to triage simultaneous consults based on their acuity and balance management of inpatient ward issues.
- 6) Demonstrate the ability to manage a team of junior learners including orienting the team members to the shift, discussing expectations of communication and patient safety, and reviewing learning goals.

Expectations of the TFLT Resident:

- The TFLT resident will carry 1645 and be responsible for all new consults during the time of their shift (taking call from ER, initial assessment of patient, assigning consult to JPR/OSR/clerk, reviewing consult with learner, finalizing management plans, and reviewing directly with staff)
- For the first 3-4 nights of the transition float, the TFLT resident will NOT be responsible for management of inpatient ward issues and should focus on ER consults
- For the final 1-2 nights of the transition float, the TFLT resident will assume responsibility for inpatient ward issues, including leading evening handover (with support of the SPR)
- Complete an assessment of your SPR in the MacPeds PDOT tool after each shift. These will be reviewed by their academic coach.

Expectations of the SPR:

- During the TFLT shift, the SPR is expected to be present and support the TFLT resident, directly observe them, help with management plans as needed, and provide ongoing feedback
 - a) If the TFLT resident is functioning at the level of an independent SPR (level 5 on the evaluation), then the SPR can independently complete consults to help with flow as needed, use time for teaching, and observe the junior team members.
However, the priority remains to observe and provide feedback and coaching to the TFLT resident and other junior learners.
 - b) If it is identified that the TFLT resident needs support (level 1-3 on the eval), the SPR should be with them for their entire shift to coach them and provide feedback so that they gain the skills necessary to be an independent and safe SPR overnight. Always feel comfortable asking your fellow or staff to be involved with observing and giving feedback to the transitioning junior (especially in circumstances where the ward issues are pulling you away from being able to coach the transitioning resident).
- The SPR will be expected to manage inpatient ward issues for the entirety of the shift (with the exception of nights 4-5, where the TFLT resident will begin to manage ward issues). They will still lead evening and morning handover. They will be the point of contact for the JPR and OSR for ward issues.
- The SPR will carry the 1645 pager from midnight-end of shift (*). The SPR should consider wearing their personal pager from 4:30-midnight (notify wards on your best contact information if needed)
 - At the end of the TFLT shift, ensure that new admissions are properly handed over so that you can handover to the day team in the morning.
- Evaluations: at the end of **each** TFLT shift, the SPR will evaluate the TFLT resident. It is extremely important to give constructive feedback with a clear action plan to help the TFLT resident understand how they can meet 'level 5' on the evaluation form at their next shift. There will be an electronic assessment in the MacPeds PDOT tool to be completed by the SPR after each shift. These will be reviewed by their academic coach

and if concerns are identified it will be discussed with the program director so that the resident gets additional support to ensure a successful first SPR night float.

(*) To help ensure TFLT residents leave by midnight, it is recommended that 1645 is handed back to the SPR around 22:00. The SPR is expected to help finish up consults started by the TFLT resident to facilitate timely ending to the shift.